* If the entry is entry is it is in the then the entry in order 2 and 3	Application or Decket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2) FOR MARBER FILED MUMBER EXTRA BASIC FEE BASIC						
FOR MURRER FILED NURRER EXTRA BASIC FEE BA	1000 X 80 X 1					
RATE FEE BASIC FEE TOTAL CLAIMS INDEPENDENT CLAIMS INDEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II Column 1) Column 2) CLAIMS AS AMENDED - PART II Column 2) REMANSING AFTER PREVIOUSLY PRESENT TOTAL COLUMN 1) COLUMN PRESENT TOTAL COLUMN 2) REMANSING ASSO OR X516- OR X516- OR Y56- TOTAL OR SMALL ENTITY OR						
SASIC FEE TOTAL CLAIMS INDEPENDENT INDEPENDENT CLAIMS INDEPENDENT CLAIMS INDEPENDENT INDEPENDENT CLAIMS INDEPENDENT INDEPENDENT CLAIMS INDEPENDENT INDEP	FOR NUMBER FILED NUMBER EXTRA					
TOTAL CLAIMS INDEPENDENT	BASIC FEE					
INDEPENDENT CLAIMS minus 3 = x39=						
*If the difference in column 1 is less than zero, enter "O" in column 2 *If the difference in column 1 is less than zero, enter "O" in column 2 *CLAIMS AS AMENDED - PARTT II (Column 1) *COlumn 2) *COlumn 3) *COLUMN 3) *COLUMN 4 *COLUMN 4 *COLUMN 5) *COLUMN 5) *COLUMN 6 *COLUMN 6 *COLUMN 6 *COLUMN 7) *COLUMN 8 *COLUMN 7) *COLUMN	INDEPENDENT CLAIMS 4 minus 3 = 1	V 100				
TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) CLAIMS AS AMENDED - PART II (Column 2) (Column 3) MASSIEST RESAMBING ATER PREVIOUSLY PRINTOUSLY RESEMT PRESENTATION OF MULTIPLE DEPENDENT CLAIM RESEMANDED RESEMT PRESENTATION OF MULTIPLE DEPENDENT CLAIM RESEMANDED RESEMT PRESENTATION OF MULTIPLE DEPENDENT CLAIM REST PRESENTATION OF MULTI	MULTIPLE DEPENDENT CLAIM PRESENT	W				
COLUMN 1) (Column 2) (Column 3) COLUMN 1) (Column 2) (Column 3) RAMIL ENTITY OR SMALL ENTITY	* If the difference in column 1 is less than zero, enter *0* in column 2					
COLUMN 3) COLUMN 2) COLUMN 3) REMAINING REMAINING REMAINING REMAINING RETER RATE TOWAL R	0 00-04					
REMARBING AND PREVIOUSLY PRESENT TOOMAL FEE	(Column 1) . (Column 2). (Column 3)					
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= COLUMN 2 COLUMN 3	REMAINING NUMBER PRESENT	RATE TIONAL RATE TIONAL				
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= COLUMN 2 COLUMN 3	G Total . 3 - 27 -))	vec				
HIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= CR +260= FORAL FORAL COLUMN 2) (Column 2) (Column 3) RESPECT RATE FRESENT FREST FRESENT FREST FRESENT FREST	Independent - Minus 4 - 8	80 6				
COLUMN 1) (Column 2) (Column 3) (Column	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	W				
COLUMN 1) (Column 2) (Column 3) REMAINING AFTER PREVIOUSLY PAID FOR EXTRA Total - 25 Minus 32 -	dn	ON TOPE				
PREMAINING AMENDALENT SIZE MAINUS OF ALLITHUS DEPENDENT CLAIM PREMOUSLY PRODUCT OF OF ALLITHUS DEPENDENT CLAIM PRODUCT O	5/03/0\ (Column 1) (Column 2) (Column 2)	ADDIT, FEE STA				
AFTER AMENDALENT SIZE PREVIOUSLY PAID FOR PAID F	CLAIMS HEGHEST	ADDI-				
FIRST PRESENTATION OF MULTIPLE BEPENDENT CLAIM +130- OR +250- TOTAL ADDIT. FEE OR ADDIT. FEE COLUMN 1) (Column 2) (Column 3) FROM PROPERTY PRESENT PRESENT PRESENT PREVIOUSLY PAID FOR PAID FOR TOTAL AMERICAN PROPERTY PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry is entry is less than the entry is column 2 with Total party in column 2 with Total party in column 2 with Total party in column 3 with Total		RATE TIONAL RATE TIONAL				
FIRST PRESENTATION OF MULTIPLE BEPENDENT CLAIM +130- OR +250- TOTAL ADDIT. FEE OR ADDIT. FEE COLUMN 1) (Column 2) (Column 3) FROM PROPERTY PRESENT PRESENT PRESENT PREVIOUSLY PAID FOR PAID FOR TOTAL AMERICAN PROPERTY PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry is entry is less than the entry is column 2 with Total party in column 2 with Total party in column 2 with Total party in column 3 with Total	Indianacture - 32 - 1	X\$9= OR X\$18= 7				
Column 2) (Column 2) (Column 3) CLAIMS REMAINING REMAINING RATER PREVIOUSLY PAID FOR AMERICAN PAID FOR TOTAL ADDIT FEE CLAIMS REMAINING REMAINING PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR ENTRY IN INCIDENT PREVIOUSLY PAID FOR X\$18= Total AMERICAN PAID FOR X\$18= Total AMERICAN PAID FOR X\$18= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry is entern 1 is less than the entern of column 2 and a X is not an X is not	FIRST PRESENTATION OF MULTIPLE BEPENDENT CLAIM	X20- OR X76-				
Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING RATER NUMBER PRESENT PREVIOUSLY PAID FOR PAID FOR PAID FOR TOTAL FEE Total ATTEN AMENUS - 25 - OR X\$18= 1 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM The entry is entry in patent 1 is less than the entry in column 2 with 7% in column 2.	/ /	+130- OR +250-				
COLUMN 1) (Column 2) (Column 3) COULS REMAINS REMAINS REMAINS REMAINS REMAINS REMAINS REMAINS PREVIOUSLY PAID FOR PAID FOR PAID FOR TOTAL FEE Total PAID Minus PAID FOR X\$18= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Streetly in entry in entry in less than the page the entry in column 2 with 7% and and and and a column 3.	8/44					
AFTER AMEDICALENT PAID FOR PAID FOR TOTAL FEE TIONAL FEE TOTAL FEE	(Column 2) (Column 3)					
* If the entry is entered it is less than the entered 2 and 2 and 2 and 3 and	ARMANDING NUMBER PRESENT EXTRA-	RATE TIONAL RATE TIONAL				
* If the entry is entered it is less than the entered 2 and 2 and 2 and 3 and	Total • 27 Minus - 25 -	100				
* If the entry is entered it is less than the entered 2 and 2 and 2 and 3 and	independent . 5 M Minus In	V90.				
* If the entiry in entirem 1 is least than the entiry in entires 0 with the entires a	PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
	# If the entry in column 1 is less than the entry in column 2, write "t" in column 3.					
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20; enter "30." ADDIT, FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, anter "3." ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Rotal or Independent) in the Highest number found in the appropriate box in column 1.						
CORNER PRO- CORNER TO A						

BEST AVAILABLE COPY

OIPE CO.

\$ 3.616

Request for

Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/653,681	7	
Application Number			
Filing Date	September 1, 2000		
First Named Inventor	Fukushima, Akio		
Art Unit	2616		
Examiner Name	Jamie J. Vent		
Attorney Docket Number	16869P-012100US		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1985, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 								
а. 🗌	a. Previously submitted. If a final Office action is cutstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
· i.								
ü.								
ь. ⊠	Enclosed							
D.				` '				
2. Miscell	aneous		,					
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)								
b. 🔲								
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.								
				andi anu aumananta ta				
 a. The Director is hereby authorized to charge the following fees, eny underpayment of fees, or credit any overpayments, to Deposit Account No. <u>20-1430</u>. I have enclosed a duplicate copy of this sheet. 								
i.	RCE fee required under 37 CFR 1.17(e) \$790. (this transmittel su	bmitted	in duplicate)					
u.	☑ Extension of time fee (37 CFR 1.136 and 1.17) Petition submitted in dup	dicate						
iii. Other								
b. 🔲	Check in the amount of \$	14 enclo	sedyan na na					
c. Payment by credit card (Form PTO-2038 enclosed)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
	GOOD ATTECHNICATE, ON	1	NEGOINED					
Signature	Austor	Dat	e	August 9, 2005				
Name (Print /	ype) George B. P. Yee	Reg	istration No.	37,478				
CERTIFICATE OF MAILING OR TRANSMISSION								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.								
Signature	Ormal							
Name (Print /Ty	e) Cynthia McKinley	Date	Date August 9, 2005					
60556942 v	1							